

Born in Cleveland YES NO

THE CLEVELAND

THE CLEVELAND MUSEUM OF ART

FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

LETTER
PLAINTYPE

Collaborator if any _____

Artist MALCOLM
FIRST NAME

TARLOFSKY
LAST NAME

Address **4029 STONEHAVEN SO. EUCLID 21**
NO. STREET CITY ZONE

**CUYAHOGA
COUNTY**

Tel. EV-1-9950

Out-of-town residents should state whether return shipment is required. YES NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR
SALE NUMBER IN
EDITION
(Graphic Prts.) PRICE TITLE MEDIUM CLASS DO NOT WRITE IN
THESE COLUMNS

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

REC'D MAR 11 1963

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Malcolm Tarlofsky
SIGNATURE